

# AIDS Brief

for sectoral planners  
and managers

## Education Sector



The HIV/AIDS epidemic is a global crisis which demands urgent attention and committed, sustained action by alliances of individuals, organisations and sectors. The *AIDS Brief* series has been developed to support the conceptualisation and implementation of key sectoral responses. The importance of education as a transformative force in social and economic terms is clear. The sheer size of the aggregated global system - enrolling as it does around twenty per cent of world population - leaves little doubt that the education sector constitutes a primary site for containment or disaster, or both.

All other things being equal, the provision and growth of quality education is directly linked to positive economic development, emancipation and health dividends. These dividends may also include a demonstrable relationship between high rates of participation in the education system and reduced levels of HIV/AIDS infection. This being so, the dysfunction and even collapse of such education systems, together with related social instability in parts of the developing world, may prove to be directly associated with the explosion of the pandemic in these areas. This *AIDS Brief* focuses on education issues relating to Third rather than First World conditions and suggests that the importance of the sector goes far beyond obvious supply, demand and quality issues.

### BACKGROUND

#### Definition of the Education Sector

For the purpose of this *AIDS Brief*, the education sector is deemed to include the complete cycle of pre-employment learning from the preparatory or pre-primary phase through primary and secondary schooling, to both formal and semi-formal post-school and tertiary activity. It may also be useful, in terms of social impact, to consider the inclusion of children of school age who are either not in the education system or who drop in and out of it on an irregular basis.

#### Trends in the Education Sector

During the 1970s and 80s many developing countries experienced explosive growth in their education systems, reflecting increases in both population and school participation rates. This rapid growth placed considerable stress on national budgets, against which education makes sizable claims, at a time when the Third World's escalating debt burden and declining economic growth rates conspired to disadvantage and destabilise education. This led directly to a sharp decline in access and quality, and placed less well-qualified teachers in front of larger classes, in increasingly cramped and under-provisioned conditions.

The net result of the trends experienced in developing countries has reduced parental confidence in the value of education, or preparedness to share its cost, and a



consequent real decline in enrolments, with predictable gender discrimination. This pattern - uncontrolled education expansion,

followed by qualitative and even quantitative decline - is significant in terms of reduced social exposure to AIDS awareness and education, and reduced access to the intellectual and systemic resources required to stem its expansion.

The implication is that while education and its delivery systems, if properly harnessed and employed, have the rare potential to reverse runaway infection rates over time, their effect is being dissipated and squandered in precisely those regions where the problem is greatest. This *AIDS Brief* will attempt to identify some remedial steps in this regard, but cautions that education planners and their political masters must assert their collective will to action change. Then, and perhaps only then, can the causal relationship between education and economic growth, and that between knowledge and social change, again be contemplated.

## Impact on Labour

HIV/AIDS has long been understood to threaten the supply of educators. Less well recognised is its potential impact on the provision of system managers who are, in real terms, in much shorter supply and are in the main drawn from the ranks of experienced, senior educators. For example, a 30% erosion of the educator stock may indeed be critical, but a similar erosion of more limited management stock would be catastrophic. The comparatively high incomes, often remote postings and social mobility of both educators and system managers also suggests they may be at far greater risk than the population they serve. But in the case of managers, attrition in their ranks poses a threat to the structure and system in which educators function. As a consequence, the system may be impacted on at least four levels:

- The management, administration and financial control of education systems are likely to deteriorate further, off an already limited and stressed human-resource base.
- In spite of the existence of large numbers of unemployed educators in some countries, theoretically available to replace educator fall-out, Learner : Educator and other in-school service ratios are likely to worsen significantly as educators and support staff become unavailable for duty.
- The role model of the educator in the community will be devalued by the evidence of infection and will further erode the value of the education system in stemming the pandemic.
- The limited resources available to education will be reduced by the demands of the generous staff conditions and health benefits enjoyed by infected staff, the cost of replacement staff to cover sick-leave absences, the cost of educator training to replace those who die, and the competing demands of other government ministries – notably Health.

The implications of an eroded staff-base are profound. Apart from the fiscal significance of the infection rate, the value of the education system as a primary agent in combating and even de-escalating this infection rate may be dramatically compromised by the reducing availability of an educator stock with experience, credibility and a natural community leadership role.

## Impact inside the Classroom

Declining enrolment in many developing countries is already a fact of life. The lack of hard data in respect of infection rates for the

school-going population therefore makes it difficult to identify the point at which this decline has been accelerated by the pandemic. It is clear though that enrolment has dipped well below fertility and population growth rates in many areas and, pending further research, it must be assumed that HIV/AIDS is at least partially responsible.

In terms of infection rates, the assumption that interactive, high-risk sexual activity between learners – or between learners and others – does not occur to any great degree in the primary phase of education, may be badly misplaced. The point is that the age-profile of pupils in this phase of education does not necessarily coincide with what might be expected in more normalised conditions. An examination of the data suggests that over-aged learners are a common feature of the school system from the first grade. In many systems, there is extensive evidence of pupils between the ages of puberty and their mid-twenties and more, enrolled with more appropriately-aged cohorts, quite literally from the first grade. The gravity of the situation may be illustrated by the rise in HIV seroprevalence among girls in South Africa, aged between 15 and 19 years, from 12,7% in 1997 to 21% in 1998, while the rate in women of 20 attending ante-natal clinics rose from 17% to 22% in the same period. Young women in these age groups are commonly enrolled in primary as well as senior grades, for example. Thus, the age of innocence may be circumscribed by the pressure, example and action not only of over-aged learners inside and outside the classroom, but also by their appropriately-aged peers.

In the SADC region of Southern Africa, based on available age/grade data, these infection rates extrapolate conservatively to a probable 7% to 8% level over the total enrolment of the region's combined education systems.

For this reason, the organisation of children in an education system poses a level of risk, particularly where the social context may have deteriorated and societal standards and norms collapsed in some measure. Regrettably, at the turning of the millennium, such conditions prevail in parts of the developing world. But equally, the congregation of young people in a learning environment, led by respected and influential educators, continues to represent an exceptional opportunity to counter these pressures and provide practical information and a socio-sexual and moral lead.

At the secondary and tertiary levels, there is some research to confirm an alarming but

unsurprising truth. Virtually every learner and student not only knows about HIV/AIDS and its implications, but has made a considered if inevitably peer-influenced decision to proceed on a given course, often in spite of, or even because of, these implications. Tertiary-level students are particularly vulnerable, but may in fact display the greatest disregard for the consequences. As for those who drop-out at every level of the system, or those who simply have no access for reasons of under-provision, gender inequality, family pressure or poverty, the picture is bleaker still. Not only are they denied the potential the education system has for informing and guiding choice, they are also denied the life-skills it should offer and instead may be drawn to crime, prostitution and violence as a means of survival.

## The External Environment

The importance of the education cycle in social and community terms makes it both symbolic and visible. It is vital to the community to be able to educate and graduate their children from it. The reality is that the ability of the wider community to realise these aspirations is under threat. Available income, already required to supplement education, health and other expenses, is increasingly being diverted to high AIDS-related funeral expenses and the assumption of responsibility for AIDS orphans and widows in an extended family context. The order of magnitude of this problem is daunting. In the SADC region of Southern Africa alone, there are an estimated 2,2 million AIDS orphans.

But complicating this scenario is growing evidence that learners and others, known – or assumed – to be infected, are being ostracised by families and communities. Whether occasioned by embarrassment, poverty or fear, this impacts on AIDS orphans in particular, but may encompass anyone identified as a confirmed case. It is this latter point that is most puzzling – research suggests that it is less the fact of being infected that is abhorrent, than the public stigma of it. Young people commonly adopt a fatalistic attitude to the pandemic, yet will go to extreme lengths to avoid confirmation of their own infection, fearing the public knowledge of it – and the sometimes violent consequences of that knowledge – more than the disease itself.

Thus infection rates in the classroom may be accelerating for reasons of denial and obfuscation, directly driven by the uninformed fear and introspection of the communities that surround them.

## IMPACT CHECKLIST

### Internal Risk Profile

- ✓ Is the decline in enrolments accelerating, and if so, by how much?
- ✓ Is financial pressure on families keeping children out of school?
- ✓ Are higher infection rates for girls and women disproportionately increasing the drop-out rate for girls?
- ✓ Does the presence of over-aged learners in school increase the threat of infection?
- ✓ Are HIV/AIDS infected learners being marginalised and isolated in the school system?
- ✓ Can the system cope with the growing attrition rate in management and administration?
- ✓ Are infection rates higher for educators posted to rural or isolated areas than those in urban areas and close to home?
- ✓ Does the education system have adequate replacement stock to cover absence through illness and attrition through death?
- ✓ Does the system have adequate educator and/or management training facilities to provide this replacement stock?

- ✓ Are educators being trained to confront and deal with HIV/AIDS issues in the classroom, in an enlightened and practical way?
- ✓ Will the education budget decline through competitive demands on the central fiscus and through diversion to pay health and retirement benefits for infected educators and managers?
- ✓ Will educator experience and quality in the classroom decline?
- ✓ How can the education system be turned from a high-risk, threatening environment into an effective instrument to combat ignorance and reduce infection rates?

### External Risk Profile

- ✓ Will people living with HIV/AIDS be isolated and marginalised in the community?
- ✓ Will AIDS orphans be accommodated in their extended families and communities or will they be driven out to fend for themselves?
- ✓ Does the state or civil society have the capacity to take in, care for and educate these orphans?

- ✓ Are family incomes being stressed and eroded by the high costs of medical care and funerals, to the extent that they can no longer supplement state expenditure on education?
- ✓ Are AIDS awareness programmes working, and if not, what can be done to improve them?
- ✓ Are programmes and tracking systems in place for the increasing numbers of school drop-outs due directly or indirectly to the pandemic?
- ✓ Can the incidence of sexual encounters in the system be reduced?
- ✓ Which developed and developing countries have successful experience of arresting and lowering infection rates?
- ✓ What can international agencies do to support and co-ordinate the spread of programmes shown to be effective in these comparative circumstances?
- ✓ What role models in community and national life can be used to inspire changed attitudes and high-risk behaviours?

## SECTORAL RESPONSE

### Limiting Susceptibility and Mitigating Impact

In order to limit susceptibility and reduce potential impact, the present paucity of hard data must be supplemented with at least some dip-stick indicators in key groups. The alarming inclination to ignore the reality of the situation is exacerbated by the fact that it is eminently deniable. Once established as a benchmark for identified risk categories in education, this information must become the basis for accurate projection and the instrument of transparent address.

Several other enabling factors are required. It is imperative that the political and administrative heads of education systems declare policy and establish a principled position and implementable framework within which managers and educators can work. Moreover, this policy should be a matter of integrated national policy, binding at least Education, Finance, Health and Social Welfare together in a working alliance.

System managers and educators require retraining. The anecdotal evidence of many

developing systems confirms that educators are at least as guilty of high-risk and indiscriminate behaviour, bias and, conversely, primly conservative reaction to the facts of the pandemic, as their peers outside the system. It is imperative that they - as a group - be retrained to act as role models and proactive, honest campaigners in HIV/AIDS education. This retraining must reinforce the prohibition of any sexual exploitation of learners by educators.

Information programmes, counselling and the development of learning materials and teaching aids that effectively address issues that educators often find uncomfortable or difficult to communicate are a critical component. This activity should and must integrate basic sex education, in all its facets and from the earliest age, as a context for the spread of HIV/AIDS.

Classroom and home environments must be integrated in a learning continuum, requiring that families be seen as an extension of the target group. The school, through its principal and local management officers, must extend learning programmes in the first

instance to the women of the community, to empower and enlist them as enlightened allies in the fight against the disease.

Departmental policy must ensure that educators are deployed within their home districts wherever possible and that any transfers and re-locations follow the same principle. Children of school-going age, whether HIV infected or not, must be assured access to the classroom. This may require platooning where classroom space is limited, or to compensate for the lifestyles of young people marginalised by agrarian responsibilities or who have dropped out of urban society.

A care programme for AIDS orphans must be developed as a matter of urgency and its implementation decentralised to appropriate levels. The financial and enrolment implications for education require research and projection and the integration of Health and Social Welfare support.

Finally, the proactive engagement of visible and vocal role models at all levels of society is necessary, to highlight positive lifestyle choices and open a transparent, national dialogue on this challenge.



## ACTION CHECKLIST

- ✓ Conduct sectoral research and ensure hard data sufficient to benchmark and project.
- ✓ Develop system-wide management and geographic information systems to play out projections and inform management and policy response.
- ✓ Declare enlightened policy at the highest levels of government, Education, Finance, Health and Social Welfare.
- ✓ Create an implementable framework for this policy at all levels of the education system and penalise behaviour that transgresses this code.
- ✓ Design retraining programmes for managers and educators and make attendance and involvement mandatory for career advancement.
- ✓ Review curricula of educator training colleges and departmental management courses to ensure new educators and managers enter the system equipped to deal with the issues.
- ✓ On graduation, locate personnel in their home areas as far as possible, and post spouses together.
- ✓ Engage external expertise to develop training programmes and materials and seek donor and corporate support to take these to scale in the system.
- ✓ Design and test prototype models for community interaction and take to scale.
- ✓ Seek local and international expertise and support in designing prototype care programmes for AIDS orphans and design finance and access solutions for integration into the education system.
- ✓ Develop tracking systems to inform progress.
- ✓ Engage role models to combat negative perceptions and reinforce positive lifestyle changes.

## SUMMARY

While the potential impact of the pandemic on the education sector is profound in general terms, it is in a developing country context that the problem presently looms largest. Contextual reasons for this particular vulnerability include a higher incidence of social instability, comparatively dysfunctional education systems, high attrition, repetition and drop-out rates, and the common problem of over-aged enrolment. These factors combine to create an environment in which limited numbers of system managers and under-qualified and under-resourced educators wrestle with large numbers of disparately aged learners whose home lives are all too often touched by poverty, violence and social turbulence.

Exacerbating these problems, the sector is characterised by the lack of hard data on seroprevalence, an absence of policy, limited management skills and depth, and often ill-disciplined and consequently

dangerously exposed educators. Add to this a disproportionately large number of over-age and sexually active learners, already reflecting infection rates in the wider population of the same ages, and the system is in effect a high-risk breeding ground for infection instead of being a pre-employment area of containment.

This said, the system is at once the most logical ground on which to engage and counter the spread of HIV/AIDS infection.

Nowhere else in society is there such a concentration of impressionable minds assembled for so long in the, at least theoretically, control of educators, role models and information providers. Nowhere else, from the cradle to the grave, does such an opportunity exist to counter the attitudinal and physical threat of the pandemic. It is an opportunity presently ignored or squandered to a large extent through ignorance, wilful negligence or lack of knowledge or resources.

While no simple solution offers itself, it is clear that the problem is as much a state of

official and public mindset as it is a level of physical infection. Given the unique opportunity presented by the education system to play a central role in reduction and prevention, it is extraordinary that it has not only been largely ignored, but that the sector has been allowed instead to become a major part of the problem. To reverse this position, political and bureaucratic will is required, as is community interaction and the engagement of the private sector.

A reversal is less about the expenditure of scarce public resources than it is about a sea change in attitude and commitment. Ironically, this change may be motivated more by the personal impact of the pandemic on the lives of senior politicians and officials than by their commitment to the public good. The point is however that a positive reversal in the education sector is possible, given the lead time required to effect these changes and devolve their implementation.

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